

# Parent Profile

We value your input and want to make sure that your voice is heard at your child's IEP meeting. Below is a helpful tool that may assist you in gathering your thoughts in preparation for your son or daughter's IEP meeting. Please complete the below worksheet prior to \_\_\_\_\_'s IEP meeting and call if you have any questions.

Thank you,

\_\_\_\_\_  
(Teacher's name)

\_\_\_\_\_  
(Contact Number)

**Who is your child?** (Describe your child, including such information as a place in the family, personality, likes and dislikes) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What are your child's strengths?** (highlight all areas your child does well, including school, community, home and social settings) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What are your child's successes?** (List all successes, no matter how small) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What are your child's greatest challenges?** (List the skills your child needs to work on and the supports he or she needs) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What are your dreams for you child?** (Describe your vision for your child's future, including short and long-term goals) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is there any other information you would like to share?** (List any relevant information including health care needs that have not already been described above. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_